

THIRD PARTY ELIGIBILITY QUESTIONNAIRE

Date_____

Name_____

Social Security #_____ Travel Order #_____

Residence Address:_____

Date Reported for Duty_____

1. Is an extension for the sale of the residence required? Yes_____ NO_____

If yes, has an extension been authorized? Yes_____ NO_____

2. Is the title to the residence in the name of the employee? Yes_____ NO_____

3. Are there coowners to the residence? Yes_____ No_____

If yes, are the coowners members of the immediate family? Yes_____ No_____

4. Is the residence a one-family dwelling? Yes_____ No_____

5. Is the residence, or property on which the residence is located, used for commercial purposes? Yes_____ No_____

6. Is the residence on an acreage? Yes_____ No_____

7. Did employee commute to and from work from this address? Yes_____ No_____

8. Is the residence a mobile home, or a co-op? Yes_____ No_____

9. Is the residence currently listed with a real estate broker? Yes_____ No_____

10. Name of Spouse_____

11. Current Listing Price_____

12. Address of Home to be Sold_____

13. Phone numbers: Work_____

Home_____

14. New Duty Station_____

15. Mortgage Counsel? Yes_____ No_____

16. Home Finders? Yes_____ No_____

17. Home Marketing? Yes_____ No_____

18. Sales Assistance? Yes_____ No_____

19. Do you understand what you should do if you are in the program and a real estate agent brings you an offer?

20. Do you understand what happens if you are in the program and withdraw?
